



RECEIVED

JAN 12 1994

Technical & Transportation Services
Environmental Services

AIR TOXICS AND RADIATION
BRANCH

January 7, 1994

U.S. EPA, REGION V

Body & Assembly Operations

Rochelle Marceillars
Air Toxics and Radiation Branch (5AT-26)
Air and Radiation Division
U. S. EPA, Region V
230 S. Dearborn
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal and encapsulation of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale
Environmental Control Engineer

copy to: Asbestos Notification Coordinator
Air Quality Division
Michigan DNR
P.O. Box 30028
Lansing, MI 48090

Wayne County Health Department
Air Pollution Control Division
Suite 700, 640 Temple
Detroit, MI 48201

NOTIFICATION
OF INTENT TO RENOVATE/DEMOLISH

If Sent Pursuant to: NESHA, 40 CFR Part 61, Subpart M

MAIL TO: ASBESTOS NOTIFIC. COOR. AND
DNR, AIR QUALITY DIV.
P.O. Box 30028
Lansing, MI 48909

U.S. EPA REG. V
SAC-26-1 Asb. Coor.
230 S. Dearborn
Chicago, IL 60604

For Projects In Wayne County Send Notice To:

Wayne Co. Health Dept. Air Pollution Control Division
Suite 700, 640 Temple, Detroit, MI 48201

If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended

MAIL TO: MDPH, DOH-Asbestos Program
3423 N. Logan St., P.O. Box 30195
Lansing, MI 48909

DNR/MDPH USE ONLY

Xerox to _____ Fax to: _____
Postmark Date: _____ Rec'd Date: _____
Cont'r Insp. This Fy _____ Notific. Rev'd OK _____ Send Def Letter: _____
Def. Letter Sent: _____ Resp. Due: _____ Att'd: _____
Entered on Def. Log: _____ Entered on Rec'd Log: _____
FOLLOW UP Date: _____ Rev. Due: _____ Att'd: _____
Notification # _____ Transaction # _____
Comments: Spoke w/ _____

Licensed Asbestos Abatement Contractors #

Plumber _____ Mechanical _____ Builders _____
Lic. # _____ Lic. # _____ Lic. # _____
Electrical Lic. # _____ Licensing Authority _____

MDPH Asbestos Project Fee _____ Total Project Cost: _____
(To obtain 1% Project Fee Multiply x 0.01
total Project Cost by 0.01) 1% Project Fee: _____

1. ABATEMENT CONTRACTOR

Name Ford Motor Company
Mailing Address 3001 Miller Rd, 106 CSB PH Rm 410
City/State/Zip Dearborn, MI 48121
Contact: Fred Vitale Phone: (313) 322-9016

DEMOLITION CONTRACTOR

Name _____
Mailing Address _____
City/State/Zip _____
Contact _____ Phone: () _____

2. NAME OF FACILITY OWNER:

Name Ford Motor Company
Mailing Address 3001 Miller Rd,
City/State/Zip Dearborn, MI 48121
Contact Fred Vitale Phone: (313) 322-9016

PLEASE CHECK ALL THAT APPLY

☒ MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice
☐ DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice
☐ DNR/EPA Emergency Renovation
☐ DNR/EPA Demolition - 10 working days notice
☐ DNR/EPA Ordered Demolition
Date of Notification 1/7/94
Date of Revision (if applicable) _____
Is Asbestos Present? Yes ☐ No ☐
Type of Notification ☐ Original ☐ Revised ☐ Cancelled

3. FACILITY DESCRIPTION

Building Name Powerhouse No. 1
Street Address 3001 Miller Rd.
City Dearborn County _____
State MI Zip Code 48121 Age (in yrs) _____
Site Location North pre-heater #1 boiler
Building Size (sq ft) NA No. of floors NA
Present Use Pre-air heater #1 Boiler Prior Use Pre-air heater #1 Boiler

4. Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed

	Indicate Unit of Measure		RACM to be removed	RACM to be Encapsulated	Nonfriable Asbestos Material Not Removed	
					Category I	Category II
Pipes	<input type="checkbox"/> Ln Ft	<input type="checkbox"/> Ln M				
Surface Area	<input checked="" type="checkbox"/> Sq Ft	<input type="checkbox"/> Sq M	200			
Vol. of RACM Off Facility Components	<input type="checkbox"/> Cu Ft	<input type="checkbox"/> Cu M				

5. SCHEDULED DATES:

Asbestos Removal (Renovation)/Encapsulation
Start: 1/24/94 End: 3/4/94

Demolition
Start: _____ End: _____

6. DESCRIPTION OF PLANNED DEMO/RENO/ENCAP WORK, AND METHOD(S) TO BE USED Remove ACM from north pre-heater of No. 1 boiler

7. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ENCAP SITE AND UNTIL PROPER DISPOSAL wet methods in conjunction with a full negative pressure containment will be used - air monitoring will be done in accordance with OSHA regulations

8. WASTE DISPOSAL SITE NAME: Allen Park Clay Mine 9. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY
Street Address: 17005 Oakwood Blvd Name: _____ Title: _____
City/State/Zip: Allen Park, MI 48101 Authority: _____ Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)

M1 - INSPECT

NOTICE
OF INTENT TO RENOVATE/DEMOLISH (continued)

9. Waste Transporter #1

Name: Ford Transportation Services
Address: 3001 Miller Rd
City: Dearborn
State/Zip: Michigan 48121
Contact Person: Fred Vitale
Phone: (313) 322-2016

10. Waste Transporter #2

Name: _____
Address: _____
City: _____
State/Zip: _____
Contact Person: _____
Phone: () _____

11. For Emergency Renovations

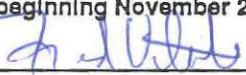
Date and hour of emergency: _____
Description of the sudden, unexpected event: _____

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____

12. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. Approved asbestos abatement procedures will be followed, including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

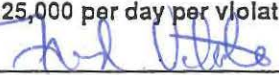
13. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____
A recent building asbestos survey identified this material as asbestos containing.
Any questionable material will be resampled and analyzed.

14. I certify that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991).


(Signature of Owner/Operator)

1/7/94
Date

15. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.


(Signature of Owner/Operator)

1/7/94
Date

DNR/DPH USE ONLY



RECEIVED
JAN 26 1994

Technical and Transportation Services
Environmental Services

AIR TOXICS AND RADIATION
BRANCH
U.S. EPA, REGION V
Ford Motor Company
3001 Miller Road, 106 CSB
Dearborn, Michigan 48121

January 24, 1994

Rochelle Marceillars
Air Toxics and Radiation Branch (5AT-26)
Air and Radiation Division
U. S. EPA, Region V
230 S. Dearborn
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project.

We are providing information related to the removal of asbestos during renovation at the Dearborn Glass Plant located in the Ford Motor Company River Rouge Complex, at 3001 Miller Rd, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 323-0883.

Joseph D. Preece
J. D. Preece

copy to: Asbestos Notification Coordinator
Air Quality Division
Michigan DNR
P.O. Box 30028
Lansing, MI 48090

Wayne County Health Department
Air Pollution Control Division
Suite 700, 640 Temple
Detroit, MI 48201



NOTIFICATION
OF INTENT TO RENOVATE/DEMOLISH

If Sent Pursuant to: NESHA, 40 CFR Part 61, Subpart M

MAIL TO: ASBESTOS NOTIFIC. COOR. AND U.S. EPA REG. V
DNR, AIR QUALITY DIV. 5AC-26-1 Asb. Coord.
P.O. Box 30028 230 S. Dearborn
Lansing, MI 48909 Chicago, IL 60604

For Projects In Wayne County Send Notice To:

Wayne Co. Health Dept. Air Pollution Control Division
Suite 700, 640 Temple, Detroit, MI 48201

If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended

MAIL TO: MDPH, DOH-Asbestos Program
3423 N. Logan St., P.O. Box 30195
Lansing, MI 48909

DNR/MDPH USE ONLY

Xerox to _____ Fax to: _____
Postmark Date: _____ Rec'd Date: _____
Contr Insp. This Fy _____ Notific. Rev'd OK _____ Send Def Letter: _____
Def. Letter Sent: _____ Resp. Due: _____ Att'd: _____
Entered on Def. Log: _____ Entered on Rec'd Log: _____
FOLLOW UP Date: _____ Rev. Due: _____ Att'd: _____
Notification # _____ Transaction # _____
Comments: Spoke w/ _____

Licensed Asbestos Abatement Contractors #

Plumber _____ Mechanical _____ Builders _____
Lic. # _____ Lic. # _____ Lic. # _____
Electrical Lic. # _____ Licensing Authority _____

MDPH Asbestos Project Fee _____ Total Project Cost: _____
(To obtain 1% Project Fee Multiply x 0.01
total Project Cost by 0.01) 1% Project Fee: _____

1. ABATEMENT CONTRACTOR

Name Ford Motor Company
Mailing Address 3001 Miller Rd, 106 CSB
City/State/Zip Dearborn, MI 48121
Contact: J. D. Preece Phone: (313) 323-0883

DEMOLITION CONTRACTOR

Name _____
Mailing Address _____
City/State/Zip _____
Contact _____ Phone: () _____

2. NAME OF FACILITY OWNER:

Name Ford Motor Company
Mailing Address 3001 Miller Rd, 106 CSB
City/State/Zip Dearborn, MI 48121
Contact J. D. Preece Phone: (313) 323-0883

PLEASE CHECK ALL THAT APPLY

☐ MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice
☒ DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice
☐ DNR/EPA Emergency Renovation
☐ DNR/EPA Demolition - 10 working days notice
☐ DNR/EPA Ordered Demolition
Date of Notification _____

Date of Revision (if applicable) _____

Is Asbestos Present? Yes ☒ No ☐
Type of Notification ☒ Original ☐ Revised ☐ Cancelled

3. FACILITY DESCRIPTION

Building Name Dearborn Glass Plant
Street Address 3001 Miller Rd.
City Dearborn FIr/Rm No. _____
State MI County Wayne
Zip Code 48121 Age (in yrs) 70
Site Location Dearborn - Rouge Complex
Building Size (sq ft) N/A No. of floors N/A
Present Use 1st Fl Lehr Prior Use 1st Fl Lehr

4. Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed

	Indicate Unit of Measure	RACM to be removed	RACM to be Encapsulated	Asbestos Material Not Removed Category I	Nonfriable Category II
Pipes	<input type="checkbox"/> Ln Ft <input type="checkbox"/> Ln M				
Surface Area	<input checked="" type="checkbox"/> Sq Ft <input type="checkbox"/> Sq M	576			
Vol. of RACM Off Facility Components	<input type="checkbox"/> Cu Ft <input type="checkbox"/> Cu M				

5. SCHEDULED DATES:

Asbestos Removal (Renovation)/Encapsulation
Start: 2/5/94 End: 2/6/94

Demolition
Start: _____ End: _____

6. DESCRIPTION OF PLANNED DEMO/RENO/ENCAP WORK, AND METHOD(S) TO BE USED ACM will be removed from the Lehr located on the first floor of the Glass Plant.

7. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ENCAP SITE AND UNTIL PROPER DISPOSAL Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations

8. WASTE DISPOSAL SITE NAME: Allen Park Clay Mine 9. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY
Street Address: 17005 Oakwood Blvd Name: _____ Title: _____
City/State/Zip: Allen Park, MI 48101 Authority: _____
Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)

MI-103860

NOTICE
OF INTENT TO RENOVATE/DEMOLISH (continued)

9. Waste Transporter #1

Name: Ford Transportation Services
Address: 3001 Miller Rd
City: Dearborn
State/Zip: Michigan 48121

Contact Person: J. D. Preece
Phone: (313) 323-0883

10. Waste Transporter #2

Name: _____
Address: _____
City: _____
State/Zip: _____

Contact Person: _____
Phone: () _____

11. For Emergency Renovations

Date and hour of emergency: _____
Description of the sudden, unexpected event: _____

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____

12. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. Approved asbestos abatement procedures will be followed, including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

13. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____
A recent building asbestos survey identified this material as asbestos containing.
Any questionable material will be resampled and analyzed.

14. I certify that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991).

Joseph D. Preece
(Signature of Owner/Operator)

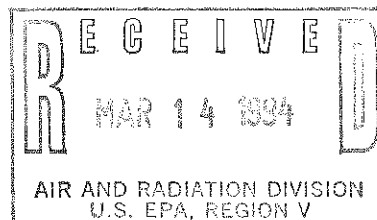
1/24/94
Date

15. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.

Joseph D. Preece
(Signature of Owner/Operator)

1/24/94
Date

DNR/DPH USE ONLY



Body & Assembly Operations

**Technical & Transportation Services
Power and Utility Operations**

March 11, 1994

Rochelle Marceillars
Air Toxics and Radiation Branch (5AT-26)
Air and Radiation Division
U. S. EPA, Region V
230 S. Dearborn
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal and encapsulation of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale
Environmental Control Engineer

copy to: Asbestos Notification Coordinator
Air Quality Division
Michigan DNR
P.O. Box 30028
Lansing, MI 48090

Wayne County Health Department
Air Pollution Control Division
Suite 700, 640 Temple
Detroit, MI 48201

If Sent Pursuant to: NESHAP, 40 CFR Part 61, Subpart M

MAIL TO: ASBESTOS NOTIFIC. COOR. AND U.S. EPA REG. V
DNR, AIR QUALITY DIV. 5AC-26-1 Asb. Coor.
P.O. Box 30028 230 S. Dearborn
Lansing, MI 48909 Chicago, IL 60604

For Projects In Wayne County Send Notice To:

Wayne Co. Health Dept. Air Pollution Control Division
Suite 700, 640 Temple, Detroit, MI 48201

If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended

MAIL TO: MDPH, DOH-Asbestos Program
3423 N. Logan St., P.O. Box 30195
Lansing, MI 48909

DNR/MDPH USE ONLY

Xerox to _____ Fax to: _____
Postmark Date: _____ Rec'd Date: _____
Contr Insp. This Fy _____ Notific. Rev'd OK _____ Send Def Letter: _____
Def. Letter Sent: _____ Resp. Due: _____ Att'd: _____
Entered on Def. Log: _____ Entered on Rec'd Log: _____
FOLLOW UP Date: _____ Rev. Due: _____ Att'd: _____
Notification # _____ Transaction # _____
Comments: Spoke w/ _____

Licensed Asbestos Abatement Contractors #

Plumber _____ Mechanical _____ Builders _____
Lic. # _____ Lic. # _____ Lic. # _____
Electrical Lic. # _____ Licensing Authority _____

MDPH Asbestos Project Fee _____ Total Project Cost: _____
(To obtain 1% Project Fee Multiply x 0.01
total Project Cost by 0.01) 1% Project Fee: _____

1. ABATEMENT CONTRACTOR

Name Ford Motor Company
Mailing Address 3001 Miller Rd, 106 CSB
City/State/Zip Dearborn, MI 48121
Contact: F. Vitale Phone: (313) 3229016

DEMOLITION CONTRACTOR

Name _____
Mailing Address _____
City/State/Zip _____
Contact _____ Phone: () _____

2. NAME OF FACILITY OWNER:

Name Ford Motor Company
Mailing Address 3001 Miller Rd,
City/State/Zip Dearborn, MI 48121
Contact _____ Phone: 313

PLEASE CHECK ALL THAT APPLY

☒ MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice
☒ DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice
☐ DNR/EPA Emergency Renovation
☐ DNR/EPA Demolition - 10 working days notice
☐ DNR/EPA Ordered Demolition
Date of Notification 3/11/94
Date of Revision (if applicable) _____
Is Asbestos Present? Yes ☒ No ☐
Type of Notification ☒ Original ☐ Revised ☐ Cancelled

3. FACILITY DESCRIPTION

Building Name Power & Utility Operations - Powerhouse
Street Address 3001 Miller Rd.
City Dearborn Fir/Rm No. _____
State MI County Wayne
Zip Code 48121 Age (In yrs) 75
Site Location _____
Building Size (sq ft) _____ No. of floors 7
Present Use powerhouse Prior Use powerhouse

4. Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed

	Indicate Unit of Measure	RACM to be removed	RACM to be Encapsulated	Nonfriable Asbestos Material Not Removed Category I	Category II
Pipes	<input type="checkbox"/> Ln Ft <input type="checkbox"/> Ln M				
Surface Area	<input checked="" type="checkbox"/> Sq Ft <input type="checkbox"/> Sq M	<u>300</u>			
Vol. of RACM Off Facility Components	<input type="checkbox"/> Cu Ft <input type="checkbox"/> Cu M				

5. SCHEDULED DATES:

Asbestos Removal (Renovation)/Encapsulation

Start: 4/18 End: 7/18/94

Demolition

Start: _____ End: _____

6. DESCRIPTION OF PLANNED DEMO/RENO/ENCAP WORK, AND METHOD(S) TO BE USED Remove A.C.M. from duct work, floor of ceiling and old ceiling of locker, water dept, and lunch room areas.

7. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ENCAP SITE AND UNTIL PROPER DISPOSAL wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations.

8. WASTE DISPOSAL SITE NAME: Allen Park Clay Mine

Street Address: 17005 Oakwood Blvd

City/State/Zip: Allen Park, MI 48101

9. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY

Name: _____ Title: _____

Authority: _____

Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)

MI - INSPECT

NOTICE
OF INTENT TO RENOVATE/DEMOLISH (continued)

9. Waste Transporter #1

Name: Ford Transportation Services
Address: 3001 Miller Rd
City: Dearborn
State/Zip: Michigan 48121
Contact Person: F. Vitale
Phone: (313) 322-9016

10. Waste Transporter #2

Name: _____
Address: _____
City: _____
State/Zip: _____
Contact Person: _____
Phone: () _____

11. For Emergency Renovations

Date and hour of emergency: _____
Description of the sudden, unexpected event: _____

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

12. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. Approved asbestos abatement procedures will be followed, including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

13. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____
A recent building asbestos survey identified this material as asbestos containing.
Any questionable material will be resampled and analyzed.

14. I certify that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991).

Fred Vitale
(Signature of Owner/Operator)

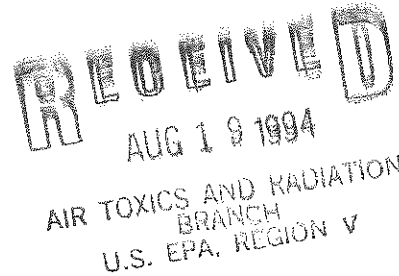
3/11/94
Date

15. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.

Fred Vitale
(Signature of Owner/Operator)

3/11/94
Date

DNR/DPH USE ONLY



Body & Assembly Operations

**Technical & Transportation Services
Power and Utility Operations**

August 12, 1994

U.S. EPA, Region 5
AT-18J, Asbesto Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during two renovation projects at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: _____
FOLLOW UP: ____/____/____ Spoke w/: _____
Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
(Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
Electrical: _____ Plumbing: _____
Mechanical: _____
Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 8/15/94
Date of Revision(s): _____
Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH
☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
NESHAP (DNR/U.S.EPA)
☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECTSCHEDULE

* Renovation: Start Date: _____ End Date: _____
+ Asb. Removal: Start Date: 9/2/94 End Date: 9/25/94
+ Demolition: Start Date: _____ End Date: _____
Encapsulation: Start Date: _____ End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours

Asb. Removal: Mon-Fri 7-12 pm

Demolition: _____

Encapsulation: _____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>15</u>				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
Mailing Address: 3001 Miller Rd.
City/State/Zip: Dearborn, MI 48121
Contact: F. Vitale Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____
Mailing Address: _____
City/State/Zip: _____
Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
Mailing Address: 3001 Miller Rd.
City/State/Zip: Dearborn, MI 48121
Contact: F. Vitale Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1
Location Address: 3001 Miller Road

Nearest Major Crossroad: Miller & Dix
City: Dearborn County: Wayne State: MI
Size: (sq. ft.) _____ No. of Floors: _____ Floor No.: 2
Age: _____ Present Use: _____ Prior Use: _____
Specific Location(s) Within Facility: Expansion 1011
D-W corner 1. p - Distribution line

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill
Location Address: 17005 Oakwood Blvd.
City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Serv.
Address: 3001 Miller Rd.
City/State/Zip: Dbrn., MI 48121
Phone: (313) 322-9016 () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____
Name/Title of Person Signing Order: _____
Date of Order: _____ Date Ordered to Begin: _____

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

- ☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

- ☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

removed and placed in bags or into vac-loader and then into bags

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Approved asbestos abatement procedures will be followed including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey identified this material as asbestos-containing. Any questionable material will be resampled and analyzed.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

[Signature] 8/15/97
Signature of Owner or Abatement Contractor Date

[Signature] 8/15/97
Signature of Owner or Demolition Contractor Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

[Signature]
Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
40 CFR, Part 61,
Subpart M**

Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

U.S. EPA, Region 5
AND AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

**Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM,
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909 (517) 335-9482

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: _____
FOLLOW UP: ____/____/____ Spoke w/: _____
Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
(Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____
Electrical: _____
Mechanical: _____

Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 8/15/94
Date of Revision(s): _____
Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

- MDPH
☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
NESHAP (DNR/U.S.EPA)
☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: _____ End Date: _____
+ Asb. Removal: Start Date: 9/2/94 End Date: 10/6/94
+ Demolition: Start Date: _____ End Date: _____
Encapsulation: Start Date: _____ End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week: Mon - Fri Work Hours: 8:00 a.m. - 4:00 p.m.
Asb. Removal: _____
Demolition: _____
Encapsulation: _____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>350</u>				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
Mailing Address: 3001 Miller Rd.
City/State/Zip: Dearborn, MI 48121
Contact: F. Vitale Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____
Mailing Address: _____
City/State/Zip: _____
Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
Mailing Address: 3001 Miller Rd.
City/State/Zip: Dearborn, MI 48121
Contact: F. Vitale Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse Boiler #3
Location Address: 3001 Miller Road
Nearest Major Crossroad: Miller & Dix
City: Dearborn County: Wayne State: MI
Size: (sq. ft.) _____ No. of Floors: _____ Floor No.: 3
Age: 70 Present Use: Boiler Prior Use: Boiler
Specific Location(s) Within Facility: Boiler #3 - west side balcony

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill
Location Address: 17005 Oakwood Blvd.
City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Serv.
Address: 3001 Miller Rd.
City/State/Zip: Dbrn., MI 48121
Phone: (313) 322-9016 () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____
Name/Title of Person Signing Order: _____
Date of Order: _____ Date Ordered to Begin: _____

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☐ Piping ☐ Fittings ☒ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

cut in sections and carefully lowered into bags, or placed in vac-loader and placed in bags

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Approved asbestos abatement procedures will be followed including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey identified this material as asbestos-containing. Any questionable material will be resampled and analyzed.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

[Signature] 8/15/94
Signature of Owner or Abatement Contractor Date

[Signature] 8/15/94
Signature of Owner or Demolition Contractor Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

[Signature] 8/15/94
Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
40 CFR, Part 61,
Subpart M**

Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

NESHAP Projects in Wayne Co.:

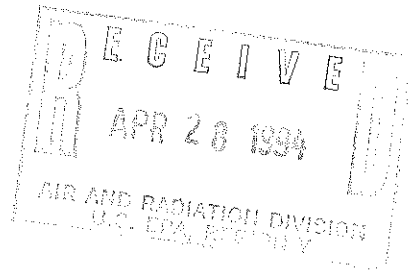
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

**U.S. EPA, Region 5
AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604**

**Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

(517) 335-9482



Body & Assembly Operations

**Technical & Transportation Services
Power and Utility Operations**

April 25, 1994

Rochelle Marceillars
Air Toxics and Radiation Branch (5AT-26)
Air and Radiation Division
U. S. EPA, Region V
230 S. Dearborn
Chicago, Illinois 60604

Subject: Notification of Emergency Removal of Asbestos During a Renovation Project

We are providing information related to the removal and encapsulation of asbestos during an emergency renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan. Wayne County Air Pollution Control was notified by telephone at 2:15 p.m. on Friday April 22, before the emergency renovation occurred.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale
Environmental Control Engineer

copy to: Asbestos Notification Coordinator
Air Quality Division
Michigan DNR
P.O. Box 30028
Lansing, MI 48090

Wayne County Health Department
Air Pollution Control Division
Suite 700, 640 Temple
Detroit, MI 48201

NOTIFICATION
OF INTENT TO RENOVATE/DEMOLISH

If Sent Pursuant to: NESHA, 40 CFR Part 61, Subpart M

MAIL TO: ASBESTOS NOTIFIC. COOR. AND
DNR, AIR QUALITY DIV.
P.O. Box 30028
Lansing, MI 48909

U.S. EPA REG. V
SAC-26-1 Asb. Coord.
230 S. Dearborn
Chicago, IL 60604

For Projects in Wayne County Send Notice To:

Wayne Co. Health Dept. Air Pollution Control Division
Suite 700, 640 Temple, Detroit, MI 48201

If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended

MAIL TO: MDPH, DOH-Asbestos Program
3423 N. Logan St., P.O. Box 30195
Lansing, MI 48909

DNR/MDPH USE ONLY

Xerox to _____ Fax to: _____
Postmark Date: _____ Rec'd Date: _____
Contr Insp. This Fy _____ Notific. Rev'd OK _____ Send Def Letter: _____
Def. Letter Sent: _____ Resp. Due: _____ Att'd: _____
Entered on Def. Log: _____ Entered on Rec'd Log: _____
FOLLOW UP Date: _____ Rev. Due: _____ Att'd: _____
Notification # _____ Transaction # _____
Comments: Spoke w/ _____

MDPH Asbestos Project Fee _____ Total Project Cost: _____
(To obtain 1% Project Fee Multiply _____ x 0.01
total Project Cost by 0.01) 1% Project Fee: _____

Licensed Asbestos Abatement Contractors #

Plumber _____ Mechanical _____ Builders _____
Lic. # _____ Lic. # _____ Lic. # _____
Electrical Lic. # _____ Licensing Authority _____

1. ABATEMENT CONTRACTOR

Name Ford Motor Company
Mailing Address 3001 Miller Rd, 106 CSB
City/State/Zip Dearborn, MI 48121
Contact: _____ Phone: (313)

DEMOLITION CONTRACTOR

Name _____
Mailing Address _____
City/State/Zip _____
Contact _____ Phone: () _____

2. NAME OF FACILITY OWNER:

Name Ford Motor Company
Mailing Address 3001 Miller Rd,
City/State/Zip Dearborn, MI 48121
Contact Fred Vitale Phone: B13: 322 9016

PLEASE CHECK ALL THAT APPLY

☐ MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice
☒ DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice
☐ DNR/EPA Emergency Renovation
☐ DNR/EPA Demolition - 10 working days notice
☐ DNR/EPA Ordered Demolition
Date of Notification 4/25/94
Date of Revision (if applicable) _____
Is Asbestos Present? Yes ☒ No ☐
Type of Notification ☒ Original ☐ Revised ☐ Cancelled

3. FACILITY DESCRIPTION

Building Name Powerhouse No. 1
Street Address 3001 Miller Rd.
City Dearborn County Wayne
State MI Zip Code 48121 Age (In yrs) 70
Site Location Boiler #7 tubes
Building Size (sq ft) N/A No. of floors N/A
Present Use Boiler #7 tubes Prior Use Boiler #7 tubes

4. Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed

	Indicate Unit of Measure	RACM to be removed	RACM to be Encapsulated	Asbestos Material Not Removed Category I	Nonfriable Category II
Pipes	<input type="checkbox"/> Ln Ft <input type="checkbox"/> Ln M				
Surface Area	<input checked="" type="checkbox"/> Sq Ft <input type="checkbox"/> Sq M	<u>15</u>			
Vol. of RACM Off Facility Components	<input type="checkbox"/> Cu Ft <input type="checkbox"/> Cu M				

5. SCHEDULED DATES:

Asbestos Removal (Renovation)/Encapsulation
Start: 4/23 End: 4/23

Demolition
Start: _____ End: _____

6. DESCRIPTION OF PLANNED DEMO/RENO/ENCAP WORK, AND METHOD(S) TO BE USED Remove ACM from tubes in #1 Boiler to repair leak.

7. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ENCAP SITE AND UNTIL PROPER DISPOSAL Wet methods. In conjunction with a full negative pressure containment will be used.

8. WASTE DISPOSAL SITE NAME: Allen Park Clay Mine
Street Address: 17005 Oakwood Blvd
City/State/Zip: Allen Park, MI 48101

9. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY
Name: _____ Title: _____
Authority: _____
Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)

NOTICE
OF INTENT TO RENOVATE/DEMOLISH (continued)

9. Waste Transporter #1

Name: Ford Transportation Services
Address: 3001 Miller Rd
City: Dearborn
State/Zip: Michigan 48121
Contact Person: _____
Phone: (313) _____

10. Waste Transporter #2

Name: _____
Address: _____
City: _____
State/Zip: _____
Contact Person: _____
Phone: () _____

1. For Emergency Renovations

Date and hour of emergency: 4/22 2:00 pm

Description of the sudden, unexpected event: Boiler #7 had been down for renovation. Upon completion of the renovation, a leak was discovered in the super heat tubes through air testing. Repair of the leak required removal of the asbestos covering the damaged tube.

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

The boiler is scheduled to go on-line 4/29. To delay the asbestos removal & the repair of the leak for the 2 week notification would alter significantly the scheduled downtime of boilers & maintenance for the rest of the year. The delay is potentially unsafe for employees and could cause equipment damage.

12. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. Approved asbestos abatement procedures will be followed, including bulk sampling, laboratory analysis, abatement, clean-up

3. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____

A recent building asbestos survey identified this material as asbestos containing. Any questionable material will be resampled and analyzed.

14. I certify that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991).

Jack Vitale
(Signature of Owner/Operator)

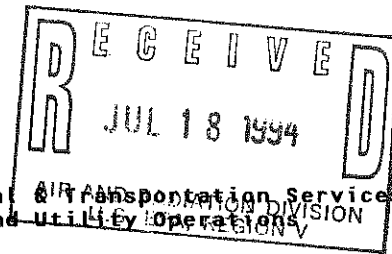
4/25/94
Date

15. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.

Jack Vitale
(Signature of Owner/Operator)

4/25/94
Date

DNR/DPH USE ONLY



Body & Assembly Operations

Technical & Transportation Services
Power and Utility Operations

July 13, 1994

U.S. EPA, Region 5
AT-18J, Asbesto Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: ____/____/____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____

Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 7-13-94
 Date of Revision(s): _____
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
 NESHAP (DNR/U.S.EPA)
☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: _____ End Date: _____
 + Asb. Removal: Start Date: 7-27-94 End Date: 9-8-94
 + Demolition: Start Date: _____ End Date: _____
 Encapsulation: Start Date: _____ End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours
 Asb. Removal: Mon-Fri 8:30-12pm
 Demolition: _____
 Encapsulation: _____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
600				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
160				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. #53

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse - Coke Ovens
 Location Address: 3001 Miller Rd. Tunnel

Nearest Major Crossroad: Miller & Dix
 City: Dearborn County: Wayne State: MI
 Size: (sq. ft.) 5000 No. of Floors: NA Floor No.: NA
 Age: 75 Present Use: tunnel Prior Use: tunnel
 Specific Location(s) Within Facility: xx tunnel between
xx Bldg & Powerhouse from 2 service lines

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill
 Location Address: 17005 Oakwood Blvd.
 City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Serv.
 Address: 3001 Miller Rd.
 City/State/Zip: Dbn., MI 48121
 Phone: (313) 322-9016 () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____
 Date of Order: _____ Date Ordered to Begin: _____

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☒ Tunnel(s) ☐ Ceiling Tile(s)
☒ Other: (describe) floor

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

cut in sections and carefully lowered into bags, removed from floor and placed in bags.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations. All 3 entrances will be sealed. High Fans and vac loader will be used.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Approved asbestos abatement procedures will be followed including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey identified this material as asbestos-containing. Any questionable material will be resampled and analyzed.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Fred Vitale

7/13/94

Signature of Owner or Abatement Contractor

Date

Fred Vitale

7/13/94

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per Section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Fred Vitale

Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
40 CFR, Part 61,
Subpart M**

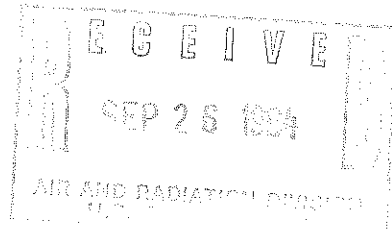
Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

U.S. EPA, Region 5
AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

**Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909 (517) 335-9482



Body & Assembly Operations

**Technical & Transportation Services
Power and Utility Operations**

September 23, 1994

U.S. EPA, Region 5
AT-18J, Asbesto Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing a revision notification related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan. The original notification is included with the revisions noted.

If you have any questions or require further information, please contact me at (313) 322-9016.

Fr Vitale

Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: _____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____
 Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 8/15/94 9/23/94
 Date of Revision(s): _____
 Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH
☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
 NESHAP (DNR/U.S.EPA)
☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: 9/23/94
 End Date: 9/30/94
 + Asb. Removal: Start Date: 9/2/94 10/3/94
 End Date: 10/6/94 10/22/94
 + Demolition: Start Date: _____
 End Date: _____
 Encapsulation: Start Date: _____
 End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours
 Asb. Removal: Mon - Fri 8 hours/dg 4-12pm

Demolition: _____
 Encapsulation: _____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces)

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse-Boiler #3
 Location Address: 3001 Miller Road
 Nearest Major Crossroad: Miller & Dix
 City: Dearborn County: Wayne State: MI
 Size: (sq. ft.) _____ No. of Floors: _____ Floor No.: 3
 Age: 70 Present Use: Boiler Prior Use: Boiler
 Specific Location(s) Within Facility: Boiler #3 - west side
bulbroom

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill
 Location Address: 17005 Oakwood Blvd.
 City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Serv.
 Address: 3001 Miller Rd.
 City/State/Zip: Dbn., MI 48121
 Phone: (313) 322-9016 () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____
 Date of Order: _____ Date Ordered to Begin: _____

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☐ Piping ☐ Fittings ☒ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

cut in sections and carefully lowered into bags, or
placed in vac-loader and placed in bags

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (if partial, describe which part will be demolished.)

12. **ENGINEERING CONTROLS:** Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations.

13. **UNEXPECTED ASBESTOS:** Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Approved asbestos abatement procedures will be followed including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.

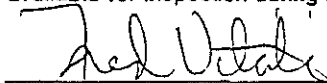
14. **PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:** Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey identified this material as asbestos-containing. Any questionable material will be resampled and analyzed.

15. **EMERGENCY RENOVATIONS:** Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

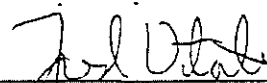
16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.



Signature of Owner or Abatement Contractor

8/15/94

Date



Signature of Owner or Demolition Contractor

8/15/94

Date

17. **Signature Requirements for Projects with Negative Pressure Enclosures:** (required by Michigan Dept. of Public Health) Per Section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet or 15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.



Signature of Building Owner or Lessee

8/15/94

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,
40 CFR, Part 61,
Subpart M

Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

OR

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

AND

U.S. EPA, Region 5
AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended

Mail to: MDPH, DOH-ASBESTOS PROGRAM
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

(517) 335-9482



Body & Assembly Operations

RECEIVED
OCT 28 1994

Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

October 25, 1994

AIR TOXICS AND RADIATION
BRANCH
U.S. EPA, REGION V

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

**Subject: Notification of an Emergency Removal of Asbestos -- Revision of the
October 13, 1994 Planned Renovation**

We are providing information related to the emergency removal of asbestos during a renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan. The original notification was sent October 13, 1994.

If you have any questions or require further information, please contact me at (313) 322-9016.

Fred Vitale
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPHUSE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ OK ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: ____/____/____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____
 Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 10-13-97
 Date of Revision(s): _____
 Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

- MDPH
☐ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☒ Emergency Renovation/Encapsulation
 NESHAAP (DNR/U.S.EPA)
☒ Planned Renovation 10 working days notice
☒ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: _____ End Date: _____
 + Asb. Removal: Start Date: 10/31/97 End Date: 11/2/97
 + Demolition: Start Date: _____ End Date: _____
 Encapsulation: Start Date: _____ End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>Mon-Fri</u>	<u>7am - 3:30pm</u>
Demolition:	<u>Wed-Thurs</u>	<u>12noon - 12noon</u>
Encapsulation:		

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
16				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
80				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse #1
 Location Address: 3001 Miller Rd.
Dearborn, MI 48121
 Nearest Major Crossroad: Miller & Dix
 City: Dearborn County: Wayne State: MI
 Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 2
 Age: 70 Present Use: Powerhouse Prior Use: Powerhouse
 Specific Location(s) Within Facility: #5 Generator
root steam valve & associated piping

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill
 Location Address: 17005 Oakwood Blvd.
 City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Svcs.
 Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Phone: () _____ () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____
 Date of Order: _____ Date Ordered to Begin: _____

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☒ Other: (describe) Valve

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal:

Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method:

A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: 10/04/92 11 am

Description of the sudden, unexpected event: A major high-pressure to low pressure steam valve became dysfunctional and forced forward this renovation.

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: The lack of back-up equipment could cause Ford facilities shutdowns because they would have not be supplied low pressure steam.

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Jared Vitale 10/13/94
 Signature of Owner or Abatement Contractor Date

 Signature of Owner or Demolition Contractor Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Jared Vitale
 Signature of Building Owner or Lessee

 Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
 40 CFR, Part 61,
 Subpart M**

Mail to: Asbestos Coord. DNR, AQD
 Town Center, Ste. B, #200
 333 S. Capitol
 Lansing, MI 48933

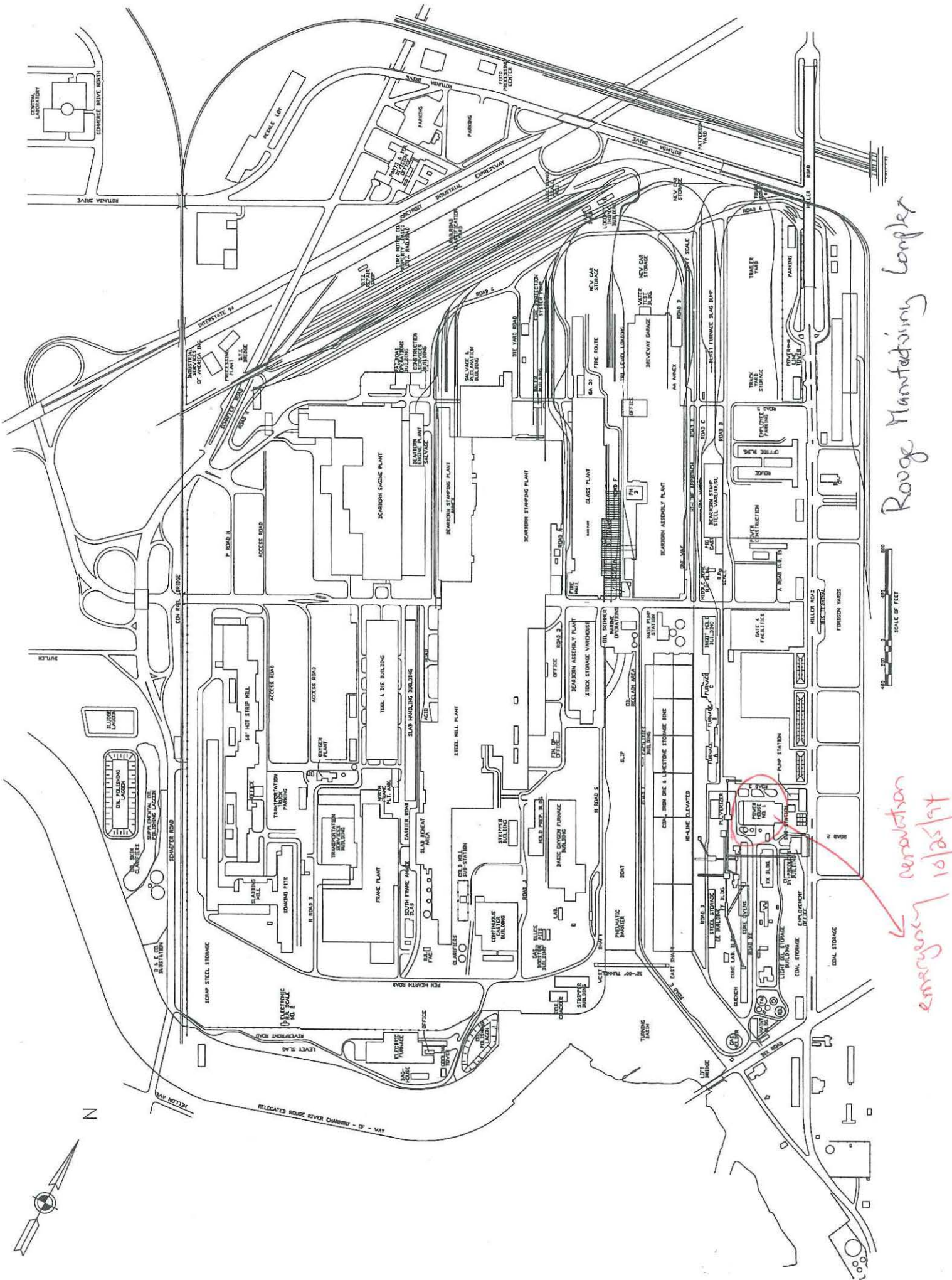
NESHAP Projects in Wayne Co.:
 Wayne Co. Health Dept., APCD
 640 Temple, Suite 700
 Detroit, MI 48201

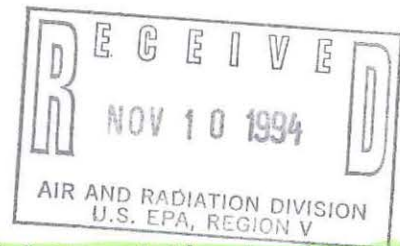
U.S. EPA, Region 5
 AT-18J, Asbestos Coord.
 77 W. Jackson Blvd.
 Chicago, IL 60604

**Sec. 220(1-4) or (8),
 Public Act 135 of
 1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
 3423 N. Logan/Martin L. King Jr. Blvd.
 P.O. Box 30195
 Lansing, MI 48909

(517) 335-9482





Body & Assembly Operations

Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

November 7, 1994

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the revision of two notices for the removal of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on October 19, 1994.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: ____/____/____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____
 Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 10/19/94
 Date of Revision(s): 11/7/94
 Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH
☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
 NESHP (DNR/U.S.EPA)
☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff- 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: _____ End Date: _____
 + Asb. Removal: Start Date: 11/1/94 11/25/94
 End Date: 11/15/94 12/12/94
 + Demolition: Start Date: _____ End Date: _____
 Encapsulation: Start Date: _____ End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>Mon - Fri</u>	<u>8am - 4pm</u>
Demolition:	_____	_____
Encapsulation:	_____	_____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>350</u>				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1
 Location Address: 3001 Miller Road
(see attached map)
 Nearest Major Crossroad: Miller & Dix
 City: Dearborn County: Wayne State: MI
 Size: (sq. ft.) 283,000 No. of Floors: 7 Floor No.: 3rd
 Age: 75yr Present Use: Powerhouse Prior Use: Powerhouse
 Specific Location(s) Within Facility: 3rd floor, Balcony east side of Boiler #3

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill
 Location Address: 17005 Oakwood Blvd.
 City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Svcs.
 Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Phone: () _____ () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____
 Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure

containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Signature of Owner or Abatement Contractor

10/19/94
Date

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
40 CFR, Part 61,
Subpart M**

Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

OR

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

AND

U.S. EPA, Region 5
AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

**Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

(517) 335-9482

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: ____/____/____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____
 Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 10/19/94
 Date of Revision(s): 11/7/94
 Notification Type: ☐ Original ☒ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
 NESHAP (DNR/U.S.EPA)
☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: _____

End Date: _____

+ Asb. Removal: Start Date: 11/1/94 11/11/94

End Date: 11/7/94 11/15/94

+ Demolition: Start Date: _____

End Date: _____

Encapsulation: Start Date: _____

End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours

Asb. Removal: Mon-Fri 8am-4pm

Demolition: _____

Encapsulation: _____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>16</u>				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
<u>80</u>				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1
 Location Address: 3001 Miller Road
(See attached map)
 Nearest Major Crossroad: Miller & Dix
 City: Dearborn County: Wayne State: MI
 Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 2nd
 Age: 75 Present Use: Powerhouse Prior Use: Powerhouse
 Specific Location(s) Within Facility: #5 generator
back stop valve

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill
 Location Address: 17005 Oakwood Blvd.
 City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Svcs.
 Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Phone: () _____ () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____

Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal:

Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

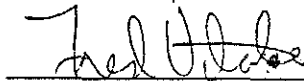
14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method:

A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency:

Description of the sudden, unexpected event:

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Signature of Owner or Abatement Contractor

10/19/94

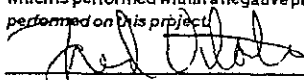
Date

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.



Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,
40 CFR, Part 61,
Subpart M

Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

U.S. EPA, Region 5
AND AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

(517) 335-9482



Body & Assembly Operations

Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

November 21, 1994

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

RECEIVED
NOV 23 1994

AIR TOXICS AND RADIATION
BRANCH
U.S. EPA, REGION V

Subject: Second Revision of Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the second revision of a notice for the removal of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on October 19, 1994, first revised November 7, 1994.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY Postmark Date: _____ Rec'd Date: _____ <input type="checkbox"/> Ok <input type="checkbox"/> Send Def Ltr. Date Def Ltr. Sent: _____ FOLLOW UP: _____ Spoke w/: _____ Comments: _____ _____ _____ _____ Notific. No.: _____ Trans. No.: _____		3. ABATEMENT CONTRACTOR Internal Proj. No. _____ Name: <u>Ford Motor Co. - Power & Utility Ops.</u> Mailing Address: <u>3001 Miller Rd.</u> City/State/Zip: <u>Dearborn, MI 48121</u> Contact: <u>F. Vitale Rm 410</u> Phone: <u>(313) 322-9016</u>																										
Calculate MDPH Asbestos Project Fee: _____ (Total Project Cost) x 0.01 = _____ (1% Project Fee) Contractor License Numbers: Asbestos Abatement: _____ Building: _____ Electrical: _____ Plumbing: _____ Mechanical: _____ Licensing Authority: _____		4. DEMOLITION CONTRACTOR Internal Proj. No. _____ Name: _____ Mailing Address: _____ City/State/Zip: _____ Contact: _____ Phone: () _____																										
1. NOTIFICATION Date of Notification: <u>10/19/94</u> Date of Revision(s): <u>11/21/94</u> Notification Type: <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Cancelled <input type="checkbox"/> Annual Please check all that apply: MDPH <input checked="" type="checkbox"/> Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice <input type="checkbox"/> Emergency Renovation/Encapsulation NESHAP (DNR/U.S.EPA) <input checked="" type="checkbox"/> Planned Renovation 10 working days notice <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Scheduled Demolition above cutoff - 10 working days notice <input type="checkbox"/> Scheduled Demolition below cutoff - 10 working days notice <input type="checkbox"/> Ordered Demolition		5. FACILITY OWNER Internal Proj. No. _____ Name: <u>Ford Motor Co. - Power & Utility Ops.</u> Mailing Address: <u>3001 Miller Rd.</u> City/State/Zip: <u>Dearborn, MI 48121</u> Contact: <u>F. Vitale</u> Phone: <u>(313) 322-9016</u>																										
2. PROJECT SCHEDULE * Renovation: Start Date: _____ End Date: _____ + Asb. Removal: Start Date: <u>11/1/94</u> <u>12/22/94</u> End Date: <u>11/18/94</u> <u>12/23/94</u> + Demolition: Start Date: _____ End Date: _____ Encapsulation: Start Date: _____ End Date: _____ * Includes setup, building containment, etc., but <u>not</u> removing asbestos Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection. Days of the Week: <u>Mon-Fri</u> Work Hours: <u>8am-4pm</u> Asb. Removal: _____ Demolition: _____ Encapsulation: _____ + <input type="checkbox"/> Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.		6. FACILITY DESCRIPTION Facility Name (or Number): <u>Powerhouse No. 1</u> Location Address: <u>3001 Miller Road</u> (see attached map) Nearest Major Crossroad: <u>Miller & Dix</u> City: <u>Dearborn</u> County: <u>Wayne</u> State: <u>MI</u> Size: (sq. ft.) <u>282,000</u> No. of Floors: <u>7</u> Floor No.: <u>3rd</u> Age: <u>75yr</u> Present Use: <u>Powerhouse</u> Prior Use: <u>Powerhouse</u> Specific Location(s) Within Facility: <u>3rd floor, balcony east side of Boiler #3</u>																										
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10. IS ASBESTOS PRESENT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that <u>will not</u> be removed prior to demolition. <table border="1"><thead><tr><th>RACM to be Removed</th><th>RACM to be Encapsulated</th><th colspan="2">Non-friable ACM not removed before Demo.</th><th>Unit of Measure</th></tr><tr><th></th><th></th><th>Category I</th><th>Category II</th><th></th></tr></thead><tbody><tr><td><u>350</u></td><td></td><td></td><td></td><td><input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.</td></tr><tr><td></td><td></td><td></td><td></td><td><input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.</td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.</td></tr></tbody></table>		RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure			Category I	Category II		<u>350</u>				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.					<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.					<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.	9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information: Gov't Agency Ordering Demo: _____ Name/Title of Person Signing Order: _____ Date of Order: _____ Date Ordered to Begin: _____	
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				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.																								

PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

- ☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

- ☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

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5. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

6. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

7. EMERGENCY RENOVATIONS: Date and hour of the emergency: _____
Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

8. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Signature of Owner or Abatement Contractor

Date

Signature of Owner or Demolition Contractor

Date

9. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)
Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,
40 CFR, Part 61,
Subpart M

Mail to: Asbestos Coord. DNR, AQD

Town Center, Ste. B, #200

333 S. Capitol

Lansing, MI 48933

NESHAP Projects in Wayne Co.:

Wayne Co. Health Dept., APCD

640 Temple, Suite 700

Detroit, MI 48201

U.S. EPA, Region 5

AND AT-18J, Asbestos Coord.

77 W. Jackson Blvd.

Chicago, IL 60604

Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended

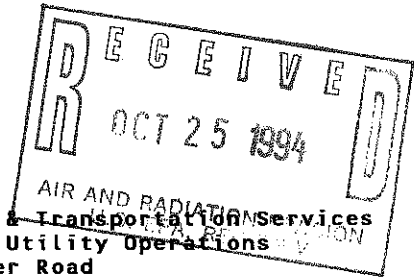
Mail to: MDPH, DOH-ASBESTOS PROGRAM.

3423 N. Logan/Martin L. King Jr. Blvd.

P.O. Box 30195

Lansing, MI 48909

(517) 335-9482



Body & Assembly Operations

Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

October 19, 1994

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during two renovations at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Fred Vitale
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: ____/____/____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____
 Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 10/19/94
 Date of Revision(s): _____
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
 NESHAP (DNR/U.S.EPA)
☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: _____ End Date: _____
 + Asb. Removal: Start Date: 11/1/94 End Date: 11/15/94
 + Demolition: Start Date: _____ End Date: _____
 Encapsulation: Start Date: _____ End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours
 Asb. Removal: Mon-Fri 8am-4pm
 Demolition: _____
 Encapsulation: _____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure	
		Category I	Category II	<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.	
<u>350</u>				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.	
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*	

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: F. Vitale Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1
 Location Address: 3001 Miller Road
(see attached map)
 Nearest Major Crossroad: Miller & Dix
 City: Dearborn County: Wayne State: MI
 Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 3rd
 Age: 75yrs Present Use: Powerhouse Prior Use: Powerhouse
 Specific Location(s) Within Facility: 3rd floor, Balcony east side of Boiler #3

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill
 Location Address: 17005 Oakwood Blvd.
 City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Svcs.
 Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Phone: () _____ () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____
 Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal:

Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method:

A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

Signature of Owner or Abatement Contractor

Date

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
40 CFR, Part 61,
Subpart M**

Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

U.S. EPA, Region 5
AND AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

**Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909 (517) 335-9482

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: ____/____/____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____
 Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 10/19/94
 Date of Revision(s): _____
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH

☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation

NESHAP (DNR/U.S.EPA)

☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: _____

End Date: _____

+ Asb. Removal: Start Date: 11/1/94

End Date: 11/7/94

+ Demolition: Start Date: _____

End Date: _____

Encapsulation: Start Date: _____

End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours

Asb. Removal: Mon-Fri 8am-4pm

Demolition: _____

Encapsulation: _____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
<u>16</u>				<input checked="" type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
<u>80</u>				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: F. Vitale Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: F. Vitale Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1

Location Address: 3001 Miller Road

(See attached map)

Nearest Major Crossroad: Miller & Dix

City: Dearborn County: Wayne State: MI

Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 2nd

Age: 75 Present Use: Powerhouse Prior Use: Powerhouse

Specific Location(s) Within Facility: #5 generator

back stop valve

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill

Location Address: 17005 Oakwood Blvd.

City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Svcs.

Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Phone: () _____

() _____

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Name/Title of Person Signing Order: _____

Date of Order: _____ Date Ordered to Begin: _____

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NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

- ☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

- ☒ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

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Description of the sudden, unexpected event:

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

[Signature] 10/19/94
Signature of Owner or Abatement Contractor Date

Signature of Owner or Demolition Contractor Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

[Signature]
Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
40 CFR, Part 61,
Subpart M**

Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

U.S. EPA, Region 5
AND AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

**Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

(517) 335-9482